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APPLICANTS

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*AA*  
 \*\* CONTINUING DATA \*\*\*\*\*

*AA*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*AA*  
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
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Verified and Acknowledged *Alyssa Alt*  
 Examiner's Signature Initials

ADDRESS  
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TITLE  
 Multi-polar electrical medical lead connector system

FILING FEE  RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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